cevision: HCFA-AT-81-34 (BPP)

10-81

State

HAWAII

Citation

4.21 Prohibition Against Reassignment of Provider Claims

42 CFR 447.10(c) AT-78-90 46 FR 42699

Payment for Medicaid services furnished by any provider under this plan is made only in accordance with the requirements of 42 CFR 447.10.

GOV

TN # 92-3
Supersedes
TN # 80-9

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